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ABSTRACT

There is a need for increased sex education for deaf children and adults as well as more accepting attitudes by the deaf themselves and general society. Myths which have hampered acceptance of the deaf include the belief that deaf persons can easily read lips. Surveys of deaf adults have indicated sexual segregation in residential schools and little opportunity to obtain sexual knowledge or experience. A recent survey of residential facilities indicates that 66% of the institutions have "formal" sex education programs, though much of the instruction appeared to be meager or crisis oriented in nature. A needs assessment indicates a need for development of appropriate sex education curricula and instructional materials for the deaf; the need for instructors trained in the special problems of the deaf as well as sex education; parent education; interpreters to aid communication between medical personnel and the deaf; research into the areas of gender identity, sign language, and marriage and divorce among the deaf; and provision of appropriate counseling/therapy services for the deaf. Deaf persons need to reject the idea that they are not potentially sexual or lovable and use militancy in changing societal attitudes toward them. (DB)

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DEAFNESS: IMPLICATIONS FOR SEXUALITY

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Abstract

Deafness, the single most prevalent chronic physical disability in our country today, is perhaps the least understood by the general population. The deaf, like other handicapped people, have the same feelings, desires, wants and expectations from life as do their non handicapped peers. The deaf have a right to develop an appreciation and understanding of their full sexual potential. Such a right can only be realized when all people possess a better understanding and acceptance of them.

DEAFNESS: IMPLICATIONS FOR SEXUALITY

INTRODUCTION

An impairment of hearing is the single most prevalent chronic physical disability in the United States today. More persons are affected by a hearing defect than have visual impairments, heart disease or any other chronic disability. Despite the frequency with which a hearing impairment occurs in the general population, it receives far less attention than would be justified by the numbers of persons affected by this type of physical handicap.

It was not until just recently that there was even a fairly accurate estimate of the numbers of people affected by such an impairment. In 1974 the National Census of the Deaf Population (NCDP) represented the first major effort, since the 1930 United States Census, to identify the number in our society with hearing impairments. From these statistics it has been estimated that there are 13.4 million persons in the U. S. with a hearing impairment, 1.8 million of whom can be classified as deaf (Schein, 1974).

Deafness, the extreme end of the hearing impairment continuum, is often referred to as the "invisible handicap." That is, the physical effects of deafness are not as obvious to the naked eye as are those associated with blindness, cerebral palsy or other more obvious physical impairments. However, the invisibleness of deafness is not always a blessing. Often, the general public, unless directly confronted with deafness, is not aware or informed of the possible severe educational, vocational and social handicaps imposed by the impairment. This observation was poignantly illustrated recently by a 1976 Gallup Poll of 1548 persons from across the country. Upon being asked to list their most feared diseases, only approximately 1% stated that they

feared deafness, while over 21% stated that they feared blindness. From time to time, people will express, in jest, that it would be better not to be bothered by all the noise pollution. However, most people do not realize that such a "luxury" of quietness would also require their giving up the ability to receive verbal feedback, a most important link in communication.

Deafness refers to a profound hearing impairment which requires the person so affected to use primarily a visual means of communication. Thus, everyday auditory communication or speech is not heard or understood. In order to better understand the implications of deafness, it is important to distinguish between those who are born deaf (congenitally deaf) and those who become deaf (adventitiously deaf). The adventitiously deaf are further separated into those who lost their hearing prior to the acquisition of speech and language (prelingually deaf) and those who lost their hearing after the acquisition of speech and language (postlingually deaf). Obviously, the severity of the implications of deafness is greater with the congenitally and prelingually deaf. Since the ability to use language is basic to learning, the deaf are deprived of a great deal of knowledge that their hearing peers receive continually and often effortlessly.

This deprivation is poignantly illustrated by the fact that, although their I.Q's do not vary appreciably from those of their hearing peers, approximately half the students age 20 or below read at less than a mid-fourth grade level and only 10% of hearing impaired 18 year olds nationally can read at or above the 8th grade level. (Trybus & Karchner: 1977) While reading levels are no index of intelligence, they do indicate comprehension of written language. Since the available reading materials are all in English (which is not their primary language), the deaf cannot be expected to read and understand printed material prepared for the average reader. For this

reason, books about sexuality are often of little value to the deaf. If the deaf are to learn from reading, they must have materials written especially for them, and presented either visually or at an appropriate written language level.

HISTORICAL BACKGROUND

The history of the deaf is replete with myths, misunderstanding and superstitious beliefs. Foremost among these is the belief that if you just speak slowly and distinctly the deaf will read your lips. Nothing could be further from the truth. Very few deaf persons read lips well enough to carry on everyday communications or obtain information and knowledge. This is understandable when one realizes that 40 to 60 percent of the sounds of the English language are homophenous, i.e., they look just like some other sound of the lips. Compounding this ambiguity inherent in the phonetics of the language are factors such as; poor lighting, distance between those communicating, cigarettes in the mouth, mustaches, bad speech habits, small immobile mouths, head movements, and countless other interferences. These reduce the percentage for most speech that can be lipread to about 20 to 30 percent at the most, and this is provided that the person is a good lipreader. (Lowell, 1957-58). The truth of the matter is that the best lipreaders are hearing people, since they have developed the initial language base from which to buld lipreading skills. The hearing persons' speech and language are developed as a result of his/her hearing and imitating their native language. Those who are deaf are therefore deprived of this invaluable auditory channel that facilitates the acquisition of speech and language.

Throughout recorded history, the deaf have acquired a variety of societal labels. Aristole observed that since deaf persons could not hear, they were senseless and incapable of reason. Roman Law classified the deaf as "feeble-minded." Hebrew Law stated, "thou shall not curse a deaf person." With the advent of Christianity, more humane thinking did occur; however, much of this was in the form of caretaking - not education. Thus,

it was not until 1500 A.D. that western civilization began to consider the potential, abilities and needs of the deaf. Eventually, schools for the deaf were established in Europe and began providing very limited education. These first efforts at educating the deaf were based upon the belief that the deaf must learn to speak in order to communicate with God. It was believed that only through speaking with God could their souls be saved. A similar philosophy led to the first educational efforts for the deaf in the early 1800's in America. The early trend toward residential institutions reflected the pervasive general misunderstanding and fear of the deaf. Therefore, educational implications of deafness were interpreted as special and necessitating removal and isolation from the mainstream of society. Fortunately in 1967 public law called for federal assistance to the handicapped and even more recent Public Law 94-142 has called for the "integrating" or "mainstreaming" of the handicapped into public education. Obviously, these and other public laws have the possibility of affording benefits to the deaf. However, such laws do not obviate the severe implications of deafness. Deafness, above all else, is a communication and learning handicap, manifested in underinvolvement in the mainstream of society, limited sharing and acceptance of and by society, underemployment and undereducation. (Swilzer and Williams, 1967).

SEX EDUCATION

It is with this backgroud in mind that our focus will turn to the psychosexual implications of deafness. Primary emphasis in educating the deaf has been upon developing skills in speech and language usuage. It has only been within the last decade and a half that mental health services for the deaf have been recognized as valid concerns of educators. Unfortunate-

ly the psychosexual aspect of the psychosocial/educational needs of the deaf has not yet fully shared in this awakening. The fact is that very little is known about this area of the behavior in those who are deaf. (Rainer, 1963). However, Myklebust (1963) has observed that the deaf child is more immature and confused from a psychosexual viewpoint because he does not hear the innuendos and taboos regarding sex nor have verbal input in male and female role development. Many deaf adults have grown up in residential facilities where extreme sexual segregation has been the rule, and not the exception, and where heterosexual social interaction was minimal. For example, most dating in residential schools has been considered a privilege and has been permitted only in group dates and/or with chaperones. Rainer and Altshuler (1963) polled a representative sampling of deaf adults in New York state and found that 51.8% reported having had no dates while in school, while only 7.7% of these adults had experienced individual couple dating. None of the women had had sexual experiences and a large number of men had not. 19.6% had experienced homosexual behavior. (Rainer: 1966). Formal sex education has been almost non existent and informal opportunities for hetersexual interaction has been extremely limited. Such an environment often creates barriers to social interaction and to adaquate socialization. Goslin has made the assertion that social isolation and rate of social interaction are directly related to role learning and effective socialization. Thus effective socialization is impossible under conditions where the individual is isolated from the system into which he is being socialized. (Goslin: 1969).

The reality of the isolation of deafness was further validated in 1970, when Steven Grossman used the SKAT (Sexual Knowledge and Attitude Test) to compare college students from Gallaudet College (the only liberal arts college

for the deaf) and Pennsylvania State University. According to this unpublished research the Gallaudet deaf students had less sexual knowledge, were more accepting of sexual myths and engaged in more sexual activity than the Pennsylvania State freshman and sophomores with whom they were compared. Furthermore, the Gallaudet deaf students' level of sexual knowledge did not increase with age. Grossman suggested this reflected the lack of formal sex education programming at Gallaudet (Grossman: 1972).

One of the first efforts to develop professional awareness of the need for a formal sex education program for the deaf was attempted in the early 40's when Stanford Blish published an extensive series of articles on sex education and the deaf child. Results of this first effort were mixed and met with very limited efforts in program development within residential facilities. By the late 50's various individuals had begun implementaing a variety of health and hygiene courses in the schools for the deaf. The Illinois School for the Deaf, the Clark School for the Deaf and New Jersey School for the Deaf were among the first.

In 1966 a major effort was made to determine: (1) the residential school's for the deaf policies and programs with respect to dating and social relationships among the deaf teenage students and (2) provision of family life education. Of the 66 residential schools for the deaf surveyed sixty schools (90.9%) responded to the survey. Responses indicated that 85% of the schools permitted dating in some form. Approximately 53% allowed students to date off campus. However, in most instances, off campus dating was limited to group activities. Formal sex education classes were given in thirty (50%) of the responding schools. (Craig and Anderson: 1966).

In 1972 a similar survey was conducted in an effort to determine the status of sex education and drug abuse in various residential schools.

Surveys were sent to 125 schools with a deaf student population of at least fifty. Seventy (56%) of the surveys were returned. Seventy percent of the 56% who responded to the survey indicated that they provided a sex education program for the deaf students.

Based upon almost ten years of teaching, counseling and administrative experience in several residential and day schools for the deaf and an untold number of opportunities to speak with deaf students and adults from all across this country, the authors were, to say the least, not satisfied with the results of either of these earlier research efforts and felt that some of the statistics were spurious. Therefore, with the encouragement and assistance of the offices of Public Relations and Demographic Studies of Gallaudet College in 1974, a more inclusive survey was developed and distributed to 112 residential facilities for the deaf (excluding post-secondary programs). According to the respondents, minimal programming was provided at the primary level while most programming existed at the secondary level. One of the most enlightening questions asked was, "How many hours per school year are devoted to sex education?". This ranged from as low as one hour per year to as high as 720 hours per school year. This particular question supported the reality that even though 66% of the residential facilities have a "formal" sex education program, a great deal of this instruction was "meager", as well as, "crisis" oriented in nature.

Another important question asked, "who are the sex education instructors, and have they been specially trained?". The regular classroom teacher was the sex education instructor 70% of the time. Physical education teachers, nurses, dormitory teachers, guidance counselors, psychologists, ministers, religious teachers and department supervisors were also utilized in varying degrees. While only 15% of all facilities reported that special

training is required for sex education instructors, 45% of all instructors were reported to have actually received some special training. This statistic seemed rather high in light of the fact that only 21% of 240 responding public teacher training institutions indicated that they offered one or more courses designed to prepare teachers to teach sex education (Malfetti: 1969). This high statistic prompted the authors to conduct a telephone survey of the 71 teacher training programs for educators of the deaf in January 1977. Of the seventy-one programs, sixty-nine (96%) do not offer a specific course or courses designed to prepare their trainees to teach sex education. However, thirty-nine (57%) stated that some effort was made to provide this type of preparation through other courses, although most admitted that these efforts were indeed meager. Sixty (83%) of the respondents indicated that they felt there was definitely a need to prepare teachers to assume this type of responsibility.

NEEDS ASSESSMENT

Where do we go from here? What are the primary psychosexual needs of the deaf? We suggest a variety of categories, which we will consider briefly.

Sex Education Programs

The facts to date indicate that there is too little, too late regarding sex education for the deaf. Curricula that are appropriate for the deaf must be developed, field tested, dissiminated and implemented. To Provide any less is to deny deaf individuals of their right to full sexual development and expression.

In order to accomplish such an objective, inclusion, involvement and education of administrators, parents and residential staff is essential. Developmental, full scale programming from preschool through high school is

most necessary for deaf individuals to develop concepts in human sexuality and it's implications for them as deaf persons.

Sex Education Materials and Resources

Visual materials, field trips and role playing become most significant aspects of programming for the deaf. The old cliche' a picture is worth a thousand words is an understatement for the deaf since words are the very stumbling blocks to learning for many deaf. Media in the forms of captioned films, simplified filmstrips, slides and drawings are imperative. Our greatest problem in sex education resources lies in the constant necessity to modify existing materials. Very few materials exist that have been developed for the deaf consumer on a nationwide bases. There are very few adaquate, current capitoned sex education films available. Fortunately James Achtzehn, Instructor, Gallaudet College is preparing sex education materials as part of his doctoral thesis. The authors have been involved with Hallmark Educational Films and Recordings in Baltimore, Maryland to develop a Sex Education Learning Package for the Handicapped with suggested modifications for the deaf. Such efforts do represent a beginning, however, systematic, researched, field tested materials are in their neonate stage.

Professional Training

Our research and experiences indicate that all too often those involved in sex education programs are in need of as much education as their students. A program is no better than the individual(s) who conducts it. There are four basic requirements for a successful sex educator of the deaf. These are: (1) the individual possesses an understanding of the implications of deafness (2) the individual wishes to function in such a capacity (3) the individual feels comfortable with his/her own sexuality and that of others

and (4) the individual is knowledgeable of the subject matter. If any of these four requirements are missing, the success of any program is placed in jeopardy. Therefore, good programs begin with a well trained staff.

Parent Education

Good sex education begins with parent education. Parents are the deaf child's first sex educators and therefore, often need assistance and support in this role. Parents of handicapped children particularly need support and assistance, since they very often have to work through a host of personal feelings regarding having given birth to a handicapped child. Since most parents do not use sign language, communication, including the sharing of information, is limited. Thus, the deaf child faces an even greater paucity of knowledge as this very important source of guidance is denied him because of his mode of communication. Parents are a primary resource for the deaf child and every effort should be made to incorporate them into their child's sexual development.

Medical Interpreting

Can you imagine receiving medical services from a member of the medical profession who does not speak or write English? How comfortable would you feel? How much confidence would you have in the quality of services? This is the situation the deaf individual faces during each encounter with the medical profe sion, when they are without interpreting services. What about the medical professional? They too often feel uncomfortable beacuse of the responsiblility they have and the limitations they face. Often the medical professional will resort to writing or exchanging notes with the patient. The deaf person, not wishing to appear ignorant, will most often just nod their head in agreement with what they very often don't even understand. Indeed, the quality of the services provided are questionable.

However, with appropriate interpreting services the situation can be corrected. Little in the way of concerted efforts are being made to improve this sad reality.

Research

There are a variety of areas where research efforts should be made.

(1) Gender Identity

Ramey, in Intimate Relationships, states that "a boys' concept of maleness and a girls' concept of femaleness is a result of what he/she sees and hears." (Ramsey: 1976). If this statement has any validity, then it may hold unlimited implications for the deaf, as well as the blind. Is there evidence of confusion of gender identify in the deaf? There is almost a total dearth of research regarding this topic. The New York Study of 1963 by Rainer, et.al. found that homosexual activity tended to be more common than heterosexual behavior among those males who admitted some sexual experience. Of the total sample, 19.6% stated that there was homosexual activity known to them at school. There appears to be a good number of male homosexual life styles, however there is no research regarding this area. The reasons for the lack of research are both obvious and multifarious. With respect to deaf children, there is the question of whether the development of homosexual tendencies is facilitated by the effect of early total deafness, residential life or a combination of both forces.

(2) Sign Language

There does not exist an adaquate system of signs for discussing or teaching about sexuality. There has been little effort to alleviate this situation. Each community has

it's own system of graphic signs, however there are no formalized signs for sexuality. Perhaps that is indictative of the uncomfortableness with the subject area.

(3) Marriage and Divorce

As early as 1930 Harry Best compiled statistics that indicated deaf persons married less frequently and divorced more often than their hearing peers. (Best: 1943). Today by age 34, almost 8 in 10 males in the general population are married as compared to less than 6 in 10 deaf males. The same applies to females as 84.7% of the females in the general public are married as compared to 71.5% of deaf females. (Schein: 1974). There are a number of speculations regarding these differences. Social isolation, separation from other deaf persons, limited opportunities to develop social skills with the opposite sex and eugenics. [Interestingly enough 88% of children with deaf parents are hearing (Schien: 1974).] Due to social isolation and limited heterosexual contact the deaf appear to be more vulnerable to marriage difficulties. Currently there are no reliable divorce statistics among the deaf. However, a large number of divorces among deaf professionals can be observed. Again too few skilled professionals can assist the deaf in couple enrichment, marriage and family counseling/therapy, genetic counseling or divorce counseling.

Counseling/therapy

Due to a difference in modes of communication between client and counselor/therapist, sex and/or marriage counseling for the deaf is almost non existent. There are very few deaf psychologists and counselors and

even fewer with skills in human sexuality. Even when there is no communication problem, sex counseling/therapy is often a very slow, complex process with the deaf for this process is often compounded by the fact that the deaf persons may not have accepted their own deafness. Sometimes the degree of difference in hearing between two partners presents difficulties. The fact that the deaf person may not trust hearing people is an additional issue that emerges for the hearing professional. There is also the task of reasking questions to be sure that there has not been a conceptual misunderstanding about a particular point being made. Needless to say, such a process requires extraordinary time and patience for both the counselor/therapist and client.

CONCLUSION

> "Hell", said a Sartra character, "is other people." Nobody know this better than the disabled. In addition to their disability and the limitations it imposes, they have the additional problem of convincing others that they have the same human desires and impulses (Comfort: 1975).

The deaf, blind, crippled, mentally retarded and all of the other millions of disabled children and adults are people with sexual needs. All disabled persons share with us a heritage traditionally rooted in avoidance, censorship and supression of sexual growth and development. However, this reality is carried even further for the disabled since they are usually societically prejudged as "not interested" in sex or "oversexed."

The disabled person's first hurdle in overcoming these stigmas is "self-deprogramming," that is, rejecting the idea that one is not potentially sexual or lovable. The second hurdle is "effective militancy" or doing something about these misconceptions. (Comfort: 1975). Both tasks require constant efforts on the part of individual handicapped persons and the professionals working with them.

As a society, we are really just beginning to recognize that the physically and/or mentally disabled are sexual beings, with the same desires, curiosities, hopes and expectations as any other group of people. Some disabled persons have begun demanding their sexual rights, privilages and opportunities. As sex educators, counselors and therapists we face the challenge and responsibility of reevaluating our own attitudes toward the disabled. Furthermore we as professionals share in the responsibility of facilitating the development of more open and accepting attitudes in the general public. In conclusion, we would ask: if not now, then when? if not us, then who?

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